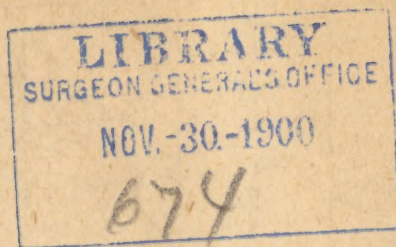


Baker (A. R.)

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No. 2

A CASE OF SINUS THROMBOSIS.*

BY ALBERT RUFUS BAKER, M. D.

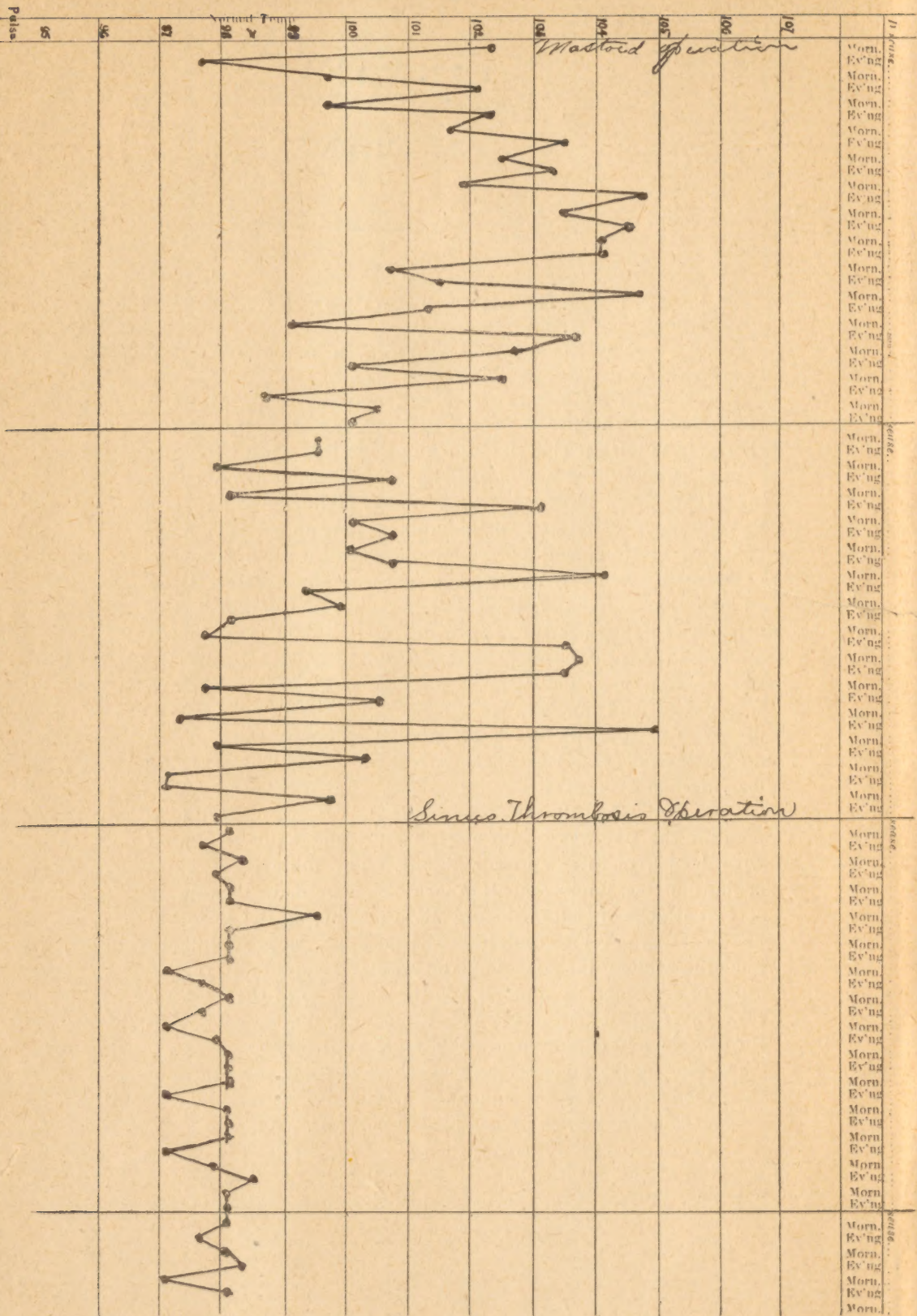
Roy Anderton, age 11 years, entered St. Alexis Hospital November 2d, 1898, with a history of having had a purulent discharge from left ear since an attack of scarlatina when two years of age. Commenced having pain in ear one week before entering hospital, was under care of Dr. W. W. Holliday, who reports that the boy suffered great pain, chills, high temperature, tenderness over mastoid, and not yielding readily to such means as were instituted, he was sent to hospital on above date. Upon examination I found considerable swelling and tenderness of mastoid and a temperature of 102 degrees. I immediately made a mastoid operation and found large abscess, and promised a speedy recovery. The temperature almost immediately fell to sub normal, and much to my surprise upon the following evening went to 102, and the queer antics the temperature played during the following two weeks is best illustrated by the accompanying temperature chart.

Except during the numerous chills and succeeding high temperature the boy was bright and cheerful and amused himself with books, pictures and playthings. The optic disks, extra ocular muscles, pupils and all other reflexes normal. There were several attacks of acute pain and slight swelling of the knee but no abscesses developed. There was no appreciable swelling or tenderness along the course of the jugular vein. From the absence of all cerebral symptoms and the character of the temperature chart alone, I was enabled to make a diagnosis of sinus thrombosis, and determined upon a radical operation.

On Nov. 16th, under ether narcosis, I exposed the course of the sigmoid sinus for one and one half inches. I found entire absence of pulsation, and when incised no hemorrhage.

The sinus was then freely opened and curetted upward until a free flow of blood was obtained through the sinus. A tampon of iodoform gauze was then held against the upper portion of the

*Stenographic report of a case presented to the Cuyahoga County Medical Society, April meeting, 1898.



field of operation to control hemorrhage, while I curetted the lower portion of the sinus. Before free hemorrhage was obtained it was necessary to pass the curette well down into the jugular vein. The sensation of the surgeon at the other end of the curette while it is well down in the neck is far from agreeable.

The gross appearance of the thrombus was much like that of granulation tissue, but was not microscopically examined. The quantity was considerable, amounting to probably two or three drachms. After free hemorrhage was established from below, iodoform gauze was packed well down into the jugular, the entire cavity packed, but not pushed, upwards into the transverse sinus. Hemorrhage was easily controlled.

The wound was covered with bichloride gauze and a firm bandage. As will be seen by temperature chart there was no rise of temperature and no bad symptoms of any kind. The dressing was changed on the fifth day; no hemorrhage, no supuration. The boy made a rapid recovery, gained weight rapidly. Indeed, at one time he gained weight so rapidly we feared dropsical effusion, but examination of urine revealed no albumen. His appetite for some weeks was enormous, and, as you see at present, he is the picture of good health and has been doing his regular work in school for some time.

A slight purulent discharge continued from the ear for some weeks, but it has been perfectly dry for some time.

These cases are of more than passing interest, because of their frequency, and from the fact that the diagnosis is usually made *post mortem*. There is no good reason why these cases should not be recognized, and many lives saved by timely operative interference.

